


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>03100275AA</b>	
Applicant(s): <b>Bodermann</b>						
Application No. 10/564,449	Filing Date January 12, 2006	Examiner unknown	Customer No. 30743	Group Art Unit unknown	Confirmation No. 7427	
Invention: <b>METHOD FOR DETERMINING THE REFRACTIVE INDEX DURING INTERFEROMETRIC LENGTH MEASUREMENT AND INTERFEROMETRIC ARRANGEMENT THEREFOR</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-2041</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>July 26, 2006</b>			
<b>Olga V. Merkoulova</b> Reg. No. 48,757 Whitham, Curtis, Christofferson & Cook, P.C. 11491 Sunset Hills Road, suite 340 Reston, VA 20191 Phone: 703-787-9400 FAX: 703-787-7557			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div>			
CC:			Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence			